

PROPOSED AMENDMENTS TO 105 CMR 170.000
EMERGENCY MEDICAL SERVICES SYSTEM
FOR CRITICAL CARE SERVICE LICENSURE,
EMT REPORTING REQUIREMENTS,
AND TECHNICAL CORRECTIONS

Proposed deletions to revised sections appear in ~~striketrough font~~.

Proposed additions appear in **bold font**.

170.020: Definitions

“Chief Examiner” – Retain in its entirety and insert immediately thereafter the following new definition:

Commission on Accreditation of Medical Transport Systems (CAMTS) means the national accrediting organization for air medical and ground transport systems providing critical care services.

“Company” – Retain in its entirety and insert immediately thereafter the following new definition:

Critical Care Services means the provision by an ambulance service of pre hospital patient care, stabilization, and transport services to critically ill and injured patients, using medical techniques, pharmacology, and technological life support systems that exceed those in the Statewide Treatment Protocols, including the ALS Interfacility Transfer Protocol, and as set out by the ambulance service and approved by the Department.

170.104: Duties and Functions of Regional EMS Councils

170.104(H) – Amend as follows:

(H) Develop, submit to the Department for its approval, ~~and if approved,~~ **and implement Department-approved** point-of-entry plans that are in conformance with the Statewide Treatment Protocols and other relevant regulations, policies, interpretative guidelines and administrative requirements of the Department. ~~By March 12, 2006, Such point-of-entry plans shall reflect and include, as appropriate, Department designations of hospitals for specialty care services, pursuant to 105 CMR 130.000 et seq. Regional EMS Councils shall also develop, submit to the Department for its approval, and implement Department approved specific point of entry plans for trauma, which shall include hospitals that are Designated Trauma Centers pursuant to 105 CMR 130.851.~~

170.200: Licensure of Ambulance and EFR Services

170.200(B) – Amend as follows:

(B) Ambulance services may be licensed at the BLS, ~~or~~ **ALS, or critical care service** level, and EFR services may be licensed at the EMS first response, BLS or ALS level. Licensure as an ambulance service at a particular level of service includes licensure to provide **ambulance or** EFR service at the same or lower level of service.

170.200(C) – Retain in its entirety and add immediately thereafter the following new section:

(D) To be eligible for licensure at the critical care services level, the applicant must document the following:

- (1) Current licensure from the Department as an ambulance service at the ALS-Paramedic level;**
- (2) Current written affiliation agreement between a hospital and the applicant, meeting the requirements of 105 CMR 170.300, under which the hospital shall provide oversight of the delivery of critical care services and designate a medical director to have authority over the clinical and patient care aspects of critical care services; and**
- (3) (a) As of December 1, 2006, current accreditation, in good standing, from the CAMTS, its successor(s), or an accreditation program the Department approves as substantially equivalent to CAMTS, or**
(b) Prior to December 1, 2006, current CAMTS accreditation or pending application for accreditation by CAMTS or an accreditation program the Department approves as substantially equivalent to CAMTS, provided, however, that the applicant must achieve such accreditation and notify the Department of such accreditation no later than December 1, 2006.

170.215: Service License and Vehicle Inspection Fee

170.215(A)(3)-(5) – Insert a new (3), and renumber the old (3) through (5) to be (4) through (6), as follows:

(3) Ambulance Critical Care Services: \$750 annually

170.220: Finding of Responsibility and Suitability for Service Licensure

170.220(A)(1) – Amend as follows:

(1) The applicant's history of prior compliance with 105 CMR 170.000, 105 CMR 171.000; **applicable administrative requirements issued by the Department pursuant to 105 CMR 170.000** and M.G.L. c. 111C;

170.220(A)(7) – Amend as follows:

(7) The ability of service administrators to operate the service in a manner sufficient to satisfy the requirements of 105 CMR 170.000 or 171.000 **and administrative requirements of the Department issued thereunder;**

170.230: Processing of Service License Applications

170.230(E) – Amend as follows, and add at the end thereof the following new subsections:

(E) A license **at the BLS or ALS level** shall remain in effect for a period of up to 24 months, at the discretion of the Department.

(F) A license to provide critical care services shall be coterminous with the period of CAMTS or Department-approved substantially equivalent accreditation on which it is based. If a service's accreditation, upon which critical care service licensure is issued, has not been maintained, lapses, or expires, the service's critical care license from the Department shall expire immediately, and the service shall not continue to provide critical care services.

(G) A service licensed to provide critical care services that loses its CAMTS or Department-approved substantially equivalent accreditation on which its licensure at this level is based, shall notify the Department immediately. A service that plans to change its status as accredited, or take action that will result in loss of its accreditation, by CAMTS or an accreditation program approved by the Department as substantially equivalent, shall notify the Department 60 days prior to the proposed effective date of such change.

170.260: Grounds for Denial of a Service License

170.260(opening sentence) – Retain in its entirety, but renumber as (A):

(A) Grounds for license denial include, but are not limited to, the following:

170.260(old A through D) – Retain their entirety, but renumber as (1) through (4), and add at the end thereof the following new sections:

(5) Fraud, deceit or knowing submission of inaccurate or incomplete data to the Department, either orally or in writing.

(B) Denial of a service license may be appealed in accordance with 105 CMR 170.760.

170.265: Grounds for Revocation, Suspension, or Refusal to Renew a Service License

170.265(opening sentence) – Retain in its entirety, but renumber as (A):

(A) Grounds for license revocation, suspension, or refusal to renew a license include, but are not limited to, the following:

170.265(old A through P) – Retain in their entirety, but renumber as (1) through (16), and add at the end thereof the following:

(B) Revocation, suspension, or refusal to renew a service license may be appealed in accordance with 105 CMR 170.760.

170.305: Staffing

170.305(C) – Retain in its entirety, and insert immediately thereafter the following new section:

(D) Critical Care Service Staffing. Each critical care service transport must be staffed with the following personnel:

- (1) An appropriately licensed driver or pilot, meeting CAMTS or Department-approved substantially equivalent accreditation requirements; and,**
- (2) A medical crew, consisting of at least two persons, as follows:**
 - (a) One of whom at a minimum is licensed in Massachusetts as a registered nurse, and certified as an EMT-Basic, and meets CAMTS or Department-approved substantially equivalent accreditation requirements for personnel credentials, and**
 - (b) One of whom is licensed in Massachusetts as a physician, or, at a minimum, is certified as an EMT-Paramedic and meets CAMTS or Department-approved substantially equivalent accreditation requirements for personnel credentials.**

170.305(old D) – Renumber as (E) and add at the end thereof the following new section:

(4) EMTs staffing a critical care service transport shall use those techniques, medications and patient care procedures that comply with their critical care service’s clinical practice protocols and standing orders that meet the requirements of CAMTS or an accreditation program the Department approves as substantially equivalent to CAMTS.

170.330: Written Policies and Procedures

170.330(D)(3) – Amend as follows, and insert immediately thereafter the following new section:

(D)(3) the acquisition, security and disposal of controlled substances and other drugs, in accordance with 105 CMR ~~170.700~~ 700.000 *et seq.*

(E) In addition to the policies and procedures required of ALS-level services, under 105 CMR 170.330(D), each service licensed at the critical care services level must maintain comprehensive critical care services policies, procedures, protocols and standing orders for patient care, as required by CAMTS or an accreditation program the Department approves as substantially equivalent to CAMTS. All clinical policies, procedures, protocols and standing orders must be:

- (1) Developed in conjunction with, and approved by, the affiliate hospital medical director providing oversight for the critical care services provided by the service;**
- (2) Reviewed and updated as appropriate, with at minimum an annual review and approval of the affiliate hospital medical director, and**
- (3) Submitted to the Department on an annual basis.**

170.330(old E) – Retain in its entirety and renumber as 170.330(F).

170.345: Records

170.345(A)(3)-(6) – Retain in their entirety, but renumber as (4) through (7) and insert the following new (3):

(3) For services licensed at the critical care service level, documentation of compliance with all CAMTS or Department-approved substantially equivalent accreditation standards, including, but not limited to, continuous quality improvement (CQI); training and orientation of critical care transport personnel; continuing clinical education, skills maintenance and requirements for ongoing demonstration of clinical competency of its critical care medical crews.

170.355: Responsibility to Dispatch, Treat and Transport

170.355(A) – Amend as follows:

(A) No service, or agent thereof, including but not limited to its EMS personnel, shall refuse in the case of an emergency to dispatch an available EMS vehicle, **and** to provide emergency response, assessment and treatment, **within the service's regular operating area**, in accordance with the Statewide Treatment Protocols, at the scene or during transport, or to transport a patient to an appropriate health care facility ~~within the service's regular operating area~~, in accordance with the applicable service zone plan.

170.355(C) – Amend as follows:

(C)(1) No service, or agent thereof, including but not limited to its EMS personnel, shall refuse in the case of an emergency to dispatch an available ambulance, **and** to provide emergency response, assessment and treatment, **within the service's regular operating area**, in accordance with the Statewide Treatment Protocols, at the scene or during transport, or to transport a patient to an appropriate health care facility ~~in the service's regular operating area~~.

170.800: EMS Personnel: General Provisions

170.800(B) – Amend as follows:

(B) No certified EMT or EFR may perform functions for which the individual is not properly trained and certified, except:

- (1) pursuant to **and in accordance with the requirements of** a waiver for a special project as set forth in 105 CMR 170.405, **or**
- (2) **an EMT-Paramedic serving on a critical care medical crew of a service licensed at the critical care level, operating in compliance with the service's clinical practice protocols and standing orders that meet CAMTS or Department-approved substantially equivalent accreditation standards. However, when working with an EMS service that is not licensed at the critical care level, the EMT-Paramedic shall perform and function in accordance with 105 CMR 170.800(C).**

170.931: Emergency Medical Technicians Mobilized for Active Military Duty

170.931 (Opening Paragraph) – Amend as follows:

(A) EMTs whose mobilization for active duty as members of a reserve or national guard component of the armed forces affected the EMT's ability to maintain current certification **may apply for** extension of their certification ~~for a period not to exceed 120 days from the EMT's discharge from active duty.~~ **Candidates to become EMTs whose mobilization for active duty as members of a reserve or national guard component of the armed forces affected the candidate's ability to meet deadlines to take the Department's practical and/or written EMT certification exam may apply for extension of their eligibility to take the certification exam. The Department shall have the discretion to make adjustments to certification periods or timelines for EMT certification testing due to active military service.** These provisions shall not apply in any way to such duty as annual training ~~which~~ **that** is a regularly scheduled obligation for reservists or to voluntary active duty for training that is not part of a mobilization.

~~(A) Upon discharge from active duty, EMTs will be allowed a maximum period of 120 days to complete any recertification requirements that were not met during the period of certification in effect at the time of the mobilization. The 120 days shall commence on the date of discharge from active service.~~

(B) Such EMTs **and EMT candidates** must apply to the Department for **an extension of certification or exam eligibility, as applicable,** ~~temporary certification~~ in writing and provide acceptable proof of mobilization for active duty in the form of military orders and discharge summary.

~~(C) The EMT will be issued a temporary certification that will be valid during the 120 day period. Upon completion of all requirements, the EMT will be issued a certification in accordance with 105 CMR 170.900 et seq.~~

170.935: Reinstatement of Certification – Retain in its entirety and insert immediately thereafter the following new section:

170.937: Reporting Obligations of EMS Personnel

(A) Each EMT or EFR shall file a written report with the service in conjunction with which he or she provides EMS, and with the Department within five days of the following:

- (1) The EMT's or EFR's conviction of a misdemeanor or felony in Massachusetts or any other state, the United States, or a foreign country (including a guilty plea or admission to sufficient facts), other than a minor traffic violation for which less than \$100 was assessed. The following traffic violations are not minor and must be reported: conviction for driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide; or
- (2) Loss or suspension of the EMT's or EFR's driver's license.

(B) Each EMT or EFR shall file a written report with the service in conjunction with which he or she works as an EMT or EFR within five days of Department action against the EMT's or EFR's certification (denial, suspension, revocation or refusal to renew certification), or other Department disciplinary action (letter of reprimand, letter of clinical deficiency, advisory letter) against the EMT or EFR.

170.978: Renewal of Approval as an Instructor/Coordinator

170.978(A)(2) – Amend as follows:

(2) During the term of the immediate past approval period, have ~~actively instructed EMT candidates in~~ **been responsible for fulfilling, and have carried out, all the duties and responsibilities of an Instructor/Coordinator set out in 105 CMR 170.977(A) with respect to** a Department-approved, and after June 30, 2005, Department -accredited initial EMT training program; and